

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 OCT 30 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054053

1. Corporation Name

**Mazztech Enterprises, Inc.**

2. Principal Office Address - No P.O. Box #

705 SW 39th Terrace

3. Mailing Office Address

705 SW 39th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip  
33914

Country  
USA

Zip  
33914

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/2000

5. FEL Number  
65-1013813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Mazzoli, Michael R.

Street Address (P.O. Box Number is Not Acceptable)  
705 SW 39th Terrace

Suite, Apt. #, Etc.

City  
Cape Coral

State  
FL

Zip Code  
33914

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-26-07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Mazzoli, Michael R.	705 SW 39th Terrace	Cape Coral, FL 33914
Vice-President	Mazzoli, Michael R.	705 SW 39th Terrace	Cape Coral, FL 33914
Treasurer	Mazzoli, Michael R.	705 SW 39th Terrace	Cape Coral, FL 33914

200111467172  
10/30/07 01007-012 \*\*300.00

REINSTATEMENT 2007

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Mazzoli 10-26-07

Date

239-560-6191

Daytime Phone #